CLAIMS ONLY

Application Number	Filing Date
10539037	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		4				
3						
4						
5		4				
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49						
50						
Total Indep	1					
Total Depend	24					
Total Claims	25					

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						